

May 09 10:40AM NEW HORIZONS DIAGNOSTICS

No. 4917 P. 2 P. 1

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 02/11/2005

JONATHAN E. GRANT
2107 HOUNDS RUN PLACE
SILVERSPRING, MD 20906
05/11/2005 HDEHSS2 00000002 10067991

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's Name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,991	02/08/2002	Vincent Fischetti	NH-COMP STREP	9941

TITLE OF INVENTION: THERAPEUTIC TREATMENT OF UPPER RESPIRATORY INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRATS, FRANCISCO CHANDLER	1651	424-094:00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JONATHAN GRANT
2. GRANT PATENT SERVICES
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEW HORIZONS DIAGNOSTICS CORP
ROCKEFELLER UNIVERSITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

COLUMBIA, MD
NY, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

Jonathan Grant

Date

05-10-05

Registration No.

34,830

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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May 10, 2005 10:40AM

NEW HORIZONS DIAGNOSTICS

No. 4917 P. 1

From the Desk of...
Karen Bailey-Young
New Horizons Diagnostics
9110 Red Branch Road
Columbia, MD 21045
Phone - 410-992-9357 ext. 250
Fax: 410-992-0328



May 10, 2005

To: U. S. Patent and Trademark Office

Fax: 703-746-4000

Subject: Patent Fees

Application No. 10/067,991

Dear U. S. Patent and Trademark Office:

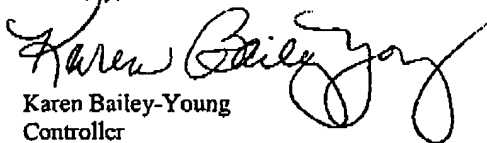
Attached to this fax cover sheet you will find the following:

1. Part - B Fee Transmittal Form
2. U.S. Patent and Trademark Office Credit Card Payment form

Please accept these documents for the above application number 10/067,991. If you have any questions you may contact me directly at 410-992-9357 ext. 250.

Thanking you in advance for your prompt attention to this matter.

Sincerely,


Karen Bailey-Young
Controller

Total pages including this cover page: 3

Cc: Jonathan Grant